

Form CPF M 102: Campaign Finance Report

Municipal Form
Office of Campaign and Political Finance

CITY OF CAMBRIDGE ELECTION COMMISSION

Massachusetts	2009 JAN 23 ₽ J∷ 3 L
le with: tty or Town Clerk or Election Commission Please print or type all in	nformation, except signatures.
	ear Date Year 3 Ending 12 31 03
Type of report: (Check one) □8th day preceding preliminary □8th day preceding elect	ion □30 day after election Øyear-end report □dissolution
Full Name of Candidate (if applicable) SCHOOL COMMITTEE Office Sought and District IST WINDOWST CAMPANAGING OM39 Residential Address Tel. No. (optional)	Committee to Elect Rochal Harding Committee Name MOAGN BANNOSA Name of Committee Treasurer 1.0.Box 391321 Cambridge, MA 02139 Committee Mailing Address Tel. No. (optional)
SUMMARY BALA Line 1: Ending balance from pre Line 2: Total receipts this period Line 3: Subtotal (line 1 plus line 2) Line 4: Total expenditures this p Line 5: Ending balance (line 3 minu Line 6: Total in-kind contributions Line 7: Total (all) outstanding liabi Line 8: Name of bank(s) used	(page 2, line 11) \$\frac{4500.00}{\$5185.37}\$ eriod (page 3, line 14) \$\frac{4950.60}{\$235.37}\$ this period (page 4) \$\frac{2}{\$185.37}\$ \$\frac{1}{\$4950.60}\$ \$\frac{1}{\$235.37}\$ this period (page 4) \$\frac{1}{\$7500.60}\$
finance activity, including all contributions, loans, receipts, expenditures, disbucampaign finance activity of all persons acting under the authority or on behalf Signed under the p Treasurer's signature (in ink)	enalties of perjury: ///7/03 Date
FOR CANDIDATE FILINGS	ONLY: (CANDIDATE MUST SIGN BELOW)

FOR CANDIDATE FILINGS ONLY: (CANDIDATE MUST SIGN BELOW)
Affidavit of Candidate: (check 1 box only)
Candidate with Committee and no activity independent of the committee
I certify that I have examined this report including attached schedules and it is, to the best of my knowledge and belief, a true and complete statement of all campaign
finance activity, of all persons acting under the authority or on behalf of this committee in accordance with the requirements of M.G.L. c. 55. I have not received any
contributions, incurred any liabilities nor made any expenditures on my behalf during this reporting period.
☐ Candidate without Committee OR Candidate with independent activity filing separate report
I certify that I have examined this report including attached schedules and it is, to the best of my knowledge and belief, a true and complete statement of all campaign
finance activity, including contributions, loans, receipts, expenditures, disbursements, in-kind contributions and liabilities for this reporting period and represents the
campaign finance activity of all persons acting under the authority or on behalf of this committee in accordance with the requirements of M.G.L. c. 55.
/ / Signed under the penalties of perjury:
1). 1 1/2/12
2 (March 1) in Cons
Candidate signature (in ink) Date

SCHEDULE A: RECEIPTS

M.G.L. c. 55 requires that the name and residential address be reported, in alphabetical order, for all receipts over \$50 in a calendar year. Committees must keep detailed accounts and records of all receipts, but need only itemize those receipts over \$50. In addition, the occupation and employer must be reported for all persons who contribute \$200 or more in a calendar year.

This page may be copied if additional pages are required to report all receipts. Please include your committee name and a page number on each page.

Date Received	Name and Residential Address (alphabetical listing required)	Amo	unt	Occupation & Employer (for contributions of \$200 or more)
			-	
		X		
		1	1	
	M s			·
				,
	j			
-			·	
Line 9: Tot	al receipts in excess of \$50 (or listed above)			
Line 10: Tot	al receipts \$50 and under* (not listed above)			
Line 11: TO	TAL RECEIPTS IN THE PERIOD			Enter on page 1, line 2

^{*} If you have itemized receipts of \$50 and under include them in line 9. Line 10 should include only those receipts not itemized above.

Page 2

SCHEDULE B: EXPENDITURES

M.G.L. c. 55 requires committees to list, in alphabetical order, all expenditures over \$50 in a reporting period. Committees must keep detailed accounts and records of all expenditures, but need only itemize those over \$50. Expenditures \$50 and under may be added together, from committee records, and reported on line 13.

This page may be copied if additional pages are required to report all expenditures. Please include your committee name and a page

umber on each Date Paid	To Whom Paid (alphabetical listing)	Address	Purpose of Expenditure	Amount
		·		
		^ /		
	ſ (
		1		
	·			
			:	
		Line 12	Expenditures over \$50	
		Line 13	: Expenditures \$50 and under*	
1	Enter on page 1, line 4	Line 14	:TOTAL EXPENDITURES	

^{*}If you have itemized expenditures of \$50 and under, include them in line 12. Line 13 should include only those expenditures not itemized above. Page 3

SCHEDULE C: "IN-KIND" CONTRIBUTIONS

Please itemize contributors who have made in-kind contributions of more than \$50. In-kind contributions \$50 and under may be added together from the committee's records and included in line 16.

Date Received	From Whom Received*	Residential Address	Description of Contribution	Value
				,
		Line 15:	In-kind over \$50	
		Line 16:	In-kind \$50 and under	
	Enter on page 1, line 6	. Line 17:	Total In-kind	

^{*} If an in-kind contribution is received from a person who contributes more than \$50 in a calendar year, you must report the name and address of the contributor; in addition, if the contribution is \$200 or more, you must also report the contributor's occupation and employer.

SCHEDULE D: LIABILITIES

M.G.L. c. 55 requires committees to report ALL liabilities which have been reported previously and are still outstanding, as well as those liabilities incurred during this reporting period.

Date Incurred	To Whom Due	Address	Purpose	Amount
11/901-12/02	JOHN GANNON	-	Lecourt	55000
10/18/03	Richard Hardey		Loan to Comparing	2000 %
	,			
	·	,		
	Enter on page 1, line 7	Line 18: OUTSTANDING	G LIABILITIES (ALL)	7500=

This page may be copied if additional pages are required to report all activity. Please include your committee name and a page number on each page.

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The Commonwealth of Massachusetts

OFFICE OF CAMPAIGN AND POLITICAL FINANCE

DISCLOSURE OF ASSETS STATEMENT

File with City or Town Clerk or Election Commission.

Date of Report __



MUNICIPAL Schedule E

l			

Office Use Only

Name of Committee	

This form must be filed with each January 10th report and each Dissolution Report.

means any one item that has a useful life of more than one year, would be depreciable in a normal business environment, Asset and has a cost/value of \$1,000 or more at time of acquisition.

This side must be completed by committees which are filing this Statement for the first time. All other committees Side 1 should complete Side 2, Part A. All committees must also complete Side 2, Part B.

All assets of the committee must be disclosed if you are filing this form for the first time.

Asset (1)	Date and Where Acquired	Present Location	Manner Acquired	Cost (P) Value (I)	(2)

- (1) Include year and make when applicable.
- (2) Attach statement of how value is determined and include in cost column if acquired by In-Kind Contribution.
- (P) Purchase.
- (I) In-Kind Contribution.

I ceftify that this statement is true	, accurate and complete. Signe	d under the penalties of p	erjuçy.	
Didust Hawling	1/17/63	Muss C	Bilno	1/17/03
Çandidate's Signature/	Date	Treasurer's Signature	1	/ Date

Assets acquired by a political committee must be primarily used for the political purposes of that committee and must remain the property of that committee. Disposition of assets may occur at any time, but in any event no later than the dissolution of the political committee. A committee must dispose of its assets in a manner that conforms to the requirements of c. 55.

OFFICE OF CAMPAIGN & POLITICAL FINANCE DISCLOSURE OF ASSETS STATEMENT Schedule E Side 2

This part should be completed by those committees who have filed this form in a prior year. Committees completing this part must list all assets acquired since the end of the reporting period covered by the last Schedule E.

Assets Acquired Du	ring the Reporting Perio	d — Part A		indicate if nor	ie 🗆
Asset (1)	Date and Where Acquired	Present Location	Manner Acquired	Cost (P) Value (I)	(2)
Assets Disposed of	During the Reporting Pe	eriod — Part B		indicate if no	ne [
Listing of any assets of \$1000 or more.	sold, traded or retired d	uring the period cover	ed by this report that ha	as a cost/value at time of acqu	isitio
Date of Disposition	Manner of Disposition		isposition to: ne and Address	Disposition Value	

250 * 50 * 100 *	State Representative Commonwealth	02140 02140 02141 02445 02101 State Represent		Cambridge Brookline Boston	284 Dear Road P.O. Box 204	ect Paul Demakis	10/20/2003 Committee to Elect Paul Demakis
250 * 50 * 100 *	Cantininge	02140 02140 02141 02141 02445	M M M M M M M M M M	Cambridge Brookline	284 Dear Road	_	
250 50 * *	Cambridge	02140 02140 02141	X X X X X	Cambridge		Campion	12/18/2003 Chales
250 *	Calliblidge	02140 02140	Ma Ma		2 James Way	Ginsberg	10/20/2003 Jonathan
	Callibliage	02140	Ma	Cambridge	23 Bellevue Ave	Griesinger	10/18/2003 Harriet
200 *	Calliblidge			Cambridge	23 Bellevue Ave	Griesinger	10/18/2003 David
Cambridge Health Alliance 2000		02139 Coordinator	_ ⊠	Cambridge	187 Windsor St	Harding	10/18/2003 Richard
	MBTA	02139 Manager	Ma	Cambridge	187 Windsor St	Harding	10/25/2003 Donald E.
	Young People's Project	02143 Director	Ma	Somerville	294 McGrath Hwy	Hardy	10/28/2003 London
		02139	Ma	Cambridge	P.O. Box 390109	Jobin-Leeds	10/20/2003 Maria
200		02139	Ma	Cambridge	P.O. Box 390109	Jobin-Leeds	10/20/2003 Greg
100		02139	Ma	Cambridge	40 Essex Street	King	10/20/2003 Jonathan
100 *		02048	Ma	Mansfield	8 Old Stable Drive	McShane	12/18/2003 Margie
100 *		02140	Ma	Cambridge	2130 Mass Ave #8E	Orent	10/25/2003 Marsha
400		02141 Self-employed	Ma	Cambridge		Sillari	10/28/2003 Stephen

^{*} Denotes that a letter has been sent to the contributor requesting address and/or employer information. Misc. Contributions (contributions of 50 and under)

12/18/03 Samir Randolph	12/2/03 Samir Randolph	11/12/03 Samir Randolph	10/18/03 Samir Randolph	11/19/03 Moacir Barbosa	10/25/03 Cambridge Offset Printing	Date Vendor
1889 Beacon St., Brookline, Ma	1888 Beacon St., Brookline, Ma	1890 Beacon St., Brookline, Ma	1887 Beacon St., Brookline, Ma	57 Murdock St., Somerville, Ma	56 Creighton St, Somerville, Ma	Address
Manager	Manager	Manager	Manager	Stamps, misc.	Printing	Expenditure
250	200	250	250	100	3900	Amount

Misc.

4950